January 28, 2016

Ms. Amy L. Parks, Esq.
Acting Commissioner
Nevada Division of Insurance
1818 East College Parkway, Suite 103
Carson City, NV 89706

RE: LCB File No. R049-14 (January 22, 2016 Version)

Dear Acting Commissioner Parks:

DaVita Health Care Partners appreciates the opportunity to comment on the January 22, 2016 draft regulation File number R049-14 on network adequacy. We would also like to commend you and your staff for your diligence and attention to this important matter.

By way of background, DaVita HealthCare Partners serves Nevada through two divisions: (1) Kidney Care and (2) HealthCare Partners Nevada.

DaVita Kidney Care has the privilege of serving 2,372 patients at 25 clinics across the State, in both urban and rural areas of the state. Overall, we employ 635 providers and teammates,

HealthCare Partners Nevada serves approximately 230,000 patients in Southern Nevada, employing 220 total providers divided into 110 Primary Care Providers, 30 hospitalists, 40 specialists and 40 Mid-Level providers. With a focus on primary care, Health Care Partners has medical clinics and specialty care affiliates throughout Las Vegas, North Las Vegas, Henderson, Boulder City, Mesquite and Pahrump, HealthCare Partners Nevada (HCPNV) is committed to delivering the highest quality of care to all our patients.

Ensuring network adequacy, and thereby promoting access to care for our patients is of critical importance to DaVita HealthCare Partners, and for that reason we offer the following comments.

- **Section 15 defines "reasonable travel" and Section 16 defines "standard" to include "reasonable travel" and "provider ratios." We are concerned that Section 4 from the July 23, 2015 and Section 18 from the October 19, 2015 versions of the regulation specifically permitting the Commissioner to address the "minimum number of health**

care providers and reasonable maximum travel distance or time, by county, for certain specialties and categories of healthcare" have been removed.

With respect to kidney care those with end-stage renal disease, also known as kidney failure, cannot live without dialysis – plain and simple. This blood-cleansing, life-sustaining treatment must be provided a minimum of three times a week for 3-4 hours at a time. Each treatment causes patient fatigue and makes it dangerous to operate a vehicle at long distances. Accordingly, most dialysis patients either rely on a friend or loved one for transportation to/from their clinic or utilize public transportation. Requiring a patient to drive a great distance for treatment is simply not viable for these patients. A patient who misses a scheduled treatment can often end up in the emergency room with broader medical concerns. This is why DaVita HCP has participated in these conversations to advocate for reasonable standards with the least amount of travel time for our patients.

Inadequate networks, which force beneficiaries to drive long distances to and from treatment to access in-network providers, can discourage ESRD patients from health plan enrollment or incent an ESRD patient to enroll in Medicare earlier than desired. Peer-reviewed studies have shown that longer travel time for ESRD patients is associated significantly with greater mortality risk and decreased quality-of-life.[1] As such, we support additional quantitative standards to specify maximum drive times and distances similar to those used in the Medicare Advantage program. The table below provides detailed maximum drive times and distances for specific geographic areas under Medicare Advantage for 2016.

2016 Medicare Advantage Network Adequacy Standards for Dialysis					
Specialty	Maximum Time and Distance Standards (Minutes/Miles)				
	Large Metro	Metro	Micro	Rural	Counties with Extreme Access Considerations (CEAC)
Outpatient Dialysis	20/10	45/30	65/50	55/50	100/90

As the Division continues to develop regulations relating to network adequacy, *we urge the Division to consider the adoption of maximum drive time and distance regulations for ESRD patients consistent with existing Medicare Advantage standards.* Not only do we believe such

[1] *Moist, L. et al. (2008). Travel Time to Dialysis as a Predictor of Health-Related Quality of Life, Adherence, and Mortality: The Dialysis Outcomes and Practice Patterns Study (DOPPS), American Journal of Kidney Diseases, Vol. 51, No 4, pp. 641-650.*

standards will help to protect the vulnerable ESRD patient population in Nevada, we believe that one standard across these markets would reduce confusion for beneficiaries and providers and be easier to administer for insurers and regulators.

- **Transparency is critical for the provider community in how a network is determined to be adequate. We agree that there is a need for clear quantifiable standards on how the Division will evaluate and make that determination.**

We know the Division will review network data submitted by insurers pursuant to Section 21 of the regulation and verify that the insurer must establish that a network plan submitted has the capacity and geographic diversity of providers to adequately serve the anticipated number of covered persons in the network plan.

Reports from the Division about each network should proactively be made available for public review. We agree with comments submitted from the Nevada State Medical Association pertaining to the July 23, 2015 version of the regulation, that the Division should publicly deliberate and release information on how each year's data review will factor into the standards to be promulgated by the Division. Transparency in how "adequacy" is calculated will provide critical protections for the providers and the patients they serve.

We sincerely appreciate the opportunity to share DaVita Health Care Partners' comments and recommendations with you. Please do not hesitate to contact me if you would like to discuss these recommendations in detail or have any questions.

Sincerely,

Jeremy Van Haselen

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